

CLAIMS ONLY

Application Number:

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		NOT TO EXCEED FOR ADDITIONAL CLAIMS OR AMENDMENTS					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							61					
2	1						62					
3							63					
4							64					
5							65					
6							66					
7							67					
8	1						68					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	3						Total Indep					
Total Depend							Total Depend					
Total Claims	9						Total Claims					